## Illinois Department of Revenue RT-2-X Amended Telecommunications Tax Return

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|--|---|---------------------------------|--|--------------------|
| Sto  | ep 1: Identify your business Station no. 052  | 6                               | Do not write at Check the appropriate box and complete                         |                    |
| 1  | Illinois Business Tax number (IBT no.):   | Ū                               | information to indicate the tax period for                                     |                    |
| 2  | Certificate of registration no.: T  |                                 | you are filing this amended return:  Month of                                  |                    |
| 3  | Taxpayer's name:  |                                 | ☐ <b>Quarter</b> ending  |                    |
| 4  | Business' name:   | 7                               | Check here if your address has ch  | nanged.            |
| 5  | Business' address: Number and street  | 8                               | •  |                    |
|  | Number and street   | 0                               | Is this a final return? ☐ yes "Final" indicates you will no longer conduction. | □ no<br>t business |
|  | City State ZIP  |                                 | If "yes," complete the following information                                   | 1:                 |
|  |   |                                 | I sold my business on  | · _·               |
|  |   |                                 | If "sold," provide the new owner's inform                                      |                    |
|  |   |                                 | Name:  |                    |
|  |   |                                 | Address:   |                    |
| Sto  | ep 2: Figure your net gross charges subject to tax - Figure   | s as                            | s they should have been filed  |                    |
|  | Gross charges (defined on back) billed during the period for which you are filing this  | retu                            |  |                    |
|  | Total amount you received during the period for which you are filing this return on credit  | previ                           | urn. 9iously extended. 10  |                    |
|  | Add Lines 9 and 10. This amount is your gross charges subject to tax.  Deductions.  |                                 | 11   |                    |
| -  | a Gross charges billed to the federal government  | 1                               | 12a  |                    |
|  | <b>b</b> Gross charges billed to the state of Illinois  | 1                               | l2b  |                    |
|  | <ul><li>c Tax-free sales billed to resellers</li><li>d Other. Explain:</li></ul>  |                                 | 12c<br>I2d   |                    |
| 13   | Add Lines 12a through 12d. This amount is your total deduction.   |                                 | 13   |                    |
|  | Subtract Line 13 from Line 11. This amount is your net gross charges subject to ta  | ax.                             | 14   |                    |
| 16a<br>16b<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27 | Tax due at the current state and municipal rates Amount of Line 14 subject to tax at rates other than the current rates Tax due at rates other than the current tax rates Add line 15b and Line 16b. This is your total tax due. Credit for tax you paid to other states or to telecommunication retailers. See instruct Subtract Line 18 from Line 17. This is the total Telecommunications Tax due. If you file this return and pay the amount due by the due date, multiply Line 19 by 19 Subtract Line 20 from Line 19. This is your tax due after the discount. If you pay on a quarter-monthly basis, write the amount you paid in estimated payme If Line 22 is greater than Line 21, subtract Line 21 from Line 22. This is the amount you of If Line 22 is less than Line 21, subtract Line 22 from Line 21. This is the balance of Total credit you wish to apply from a credit memorandum. Subtract Line 25 from Line 24. This is your net tax due. Total amount you paid for the reporting period for which you are filing this amended return. If Line 27 is greater than Line 26, subtract Line 26 from Line 27. This is the amount of you If Line 27 is less than Line 26, subtract Line 27 from Line 26. This is the amount you under | % (.0<br>ents.<br>verpa<br>due. | S. 17  |                    |
|  |   |                                 | d. i ay tilis arriodrit.   |                    |
|  | received a Notice of Possible Overpayment or made a computation error that result. If you checked this box, did you collect the overpaid tax from your customer?  If you checked "yes," did you unconditionally refund the overpaid tax?  I made a computation error that resulted in underpayment of tax.  I made an error on a schedule or attachment.  I should have taken a deduction for  The original IBT no. was incorrect. The incorrect IBT no. is  Other. Please explain.   | Ited i                          | ☐ yes ☐ no ☐ yes ☐ no  |                    |
| 24.  | on E. Sign holow  |                                 |  |                    |
|  | ep 5: Sign below  | kna                             | waledge it is true correct and complete  |                    |
| ווע  | ler penalties of perjury, I state that I have examined this return and, to the best of my   | K110\                           | owieuge, it is true, correct, and complete.                                    |                    |
| )wne   | Title:  | )<br>ne num                     | mber (include area code)  Date   |                    |
|  | Tilles  | `                               |  |                    |

Telephone number (include area code)

Date